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**** CONTINUING DATA *******

This appln claims benefit of 60/399,317 07/26/2002
 and claims benefit of 60/460,154 04/03/2003

*HD***** FOREIGN APPLICATIONS ********HD None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 10/22/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 28	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Signature <i>HD</i>	Initials				

ADDRESS

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TITLE

Eyeglass with MP3 player

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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